STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525264	A. Building B. Wing	01/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook at Appleton	1335 S Oneida St Appleton, WI 54915

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. 47248 Based on staff interview and record review, the facility did not designate a person to serve as the director of food and nutrition services who was a certified dietary manager, a certified food service manager, had a national certification for food service management and safety from a national certifying body, or who had an associate's or higher level degree in food service management or hospitality. This practice has the potential to affect all 46 residents residing in the facility. Dietary Manager (DM)-C did not complete an approved dietary manager or food service manager certification course or other related education. Findings include: During a continuous kitchen observation that began at 7:15 AM on 1/21/25, Surveyor interviewed DM-C who stated DM-C was hired as a Dietary Aide in 2021 and was promoted to Dietary Manager in April of 2024. DM-C did not indicate that DM-C had any experience or training prior to employment in the facility. DM-C indicated DM-C worked with Nursing Home Administrator (NHA)-A and Regional Dietitian (RD)-E to get certified, however, DM-C had to file for an extension because DM-C did not complete the course within the required time frame and had a mentor change during the course. DM-C stated RD-E was in the building twice monthly and available via email or phone. On 1/21/25 at 11:45 AM, Surveyor interviewed RD-E who confirmed RD-E worked between three facilities and was not onsite full-time weekly at any facility. On 1/21/25 at 1:45 PM, Surveyor interviewed NHA-A who indicated DM-C was enrolled in a course to become a certified food manager. NHA-A indicated NHA-A submitted an extension that day (1/21/25) because NHA-A had to adjust the time frame for completion of the course by DM-C.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 47248 Based on observation, staff and resident interview, and record review, the facility did not ensure nutritional needs were met for 5 residents (R) (R1, R4, R5, R8, and R9) of 5 residents. This practice had the potential to affect multiple other residents in the facility. R1, R4, R5, R8, and R9 were ordered carbohydrate-controlled diets. R1, R4, R5, R8, and R9's meal tickets did not contain diet modifications and the residents were served regular diet portions of dessert. In addition, dietary staff did not serve residents recommended portion sizes for all diet types. Finding include: The facility's Diet Orders policy, revised January 2021, indicates: Therapeutic diets are prescribed by the attending physician. Diet order terminology that is consistent with the list of available therapeutic diets in the diet Manual facilitates serving meals that meet the nutritional and therapeutic needs of the patients. Diets not available on the menu are developed by the Registered Dietitian .8. When physician orders for portion size changes are necessary, it is suggested that they be as specific as possible such as double meat or entree or half portions of desserts. Refer to the diet Manual, Other Diet Information section for additional information on portion size changes .12. Diet orders are communicated to the dietary department using the Diet Communication or Physician Orders Diet/Tube Feeding forms or by the Diet Type Report . During a continuous kitchen observation that began at 7:15 AM on 1/21/25, Surveyor observed [NAME] (CK)-D begin breakfast service at the steam table. CK-D used one scoop to serve scrambled eggs and large cooking spoons to serve pureed scrambled eggs and toast. When Surveyor interviewed CK-D regarding how CK-D knew which scoop size to use, CK-D indicated the scoop size for the scrambled eggs was a #6 scoop which was an entree scoop. Dietary Manager (DM)-C indicated at that time that large cooking spoons were used for pureed items which were served on divided plates. DM-C indicated dietary staff used a #6 scoop as an entree scoop along with other ladles and scoops for side items and vegetables. DM-C indicated books provided by the facility's food vendor contained recipes for each meal, however, there was not an extended menu or form that indicated which scoops/serving sizes to use to ensure appropriate portions were served to residents. During a continuous kitchen observation that began at 7:15 AM on 1/21/25, Surveyor noted residents on all diet types were served the same portion of menu items. Surveyor requested and reviewed residents' meal tickets and noted R1, R4, R5, R8, and R9's meal tickets indicated they were on carb-controlled diets. There was no other information regarding R1, R4, R5, R8, and R9's diets on their meal tickets, including portion sizes or modifications. Surveyor interviewed DM-C who indicated dietary staff previously refused desserts for residents on carb-controlled diets but were informed they were not allowed to do so. DM-C indicated DM-C spoke with residents on therapeutic diets (including carb-controlled diets) and provided full dessert portions to residents who requested dessert for meals. DM-C indicated there were no other deviations to the diets. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 1/21/25, Surveyor reviewed R1's medical record. R1 had a diagnosis of type two diabetes mellitus. R1's Minimum Data Set (MDS) assessment, dated 11/24/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R1 was not cognitively impaired. On 1/21/25 at 11:23 AM, Surveyor interviewed R1 who indicated R1 received full dessert portions for all meals in which a dessert was offered. R1 confirmed R1 spoke with DM-C who asked if R1 wanted dessert for meals. R1 indicated R1 would like dessert. On 1/21/25 at 11:45 AM, Surveyor interviewed Registered Dietitian (RD)-E who indicated RD-E split weeks at several facilities. RD-E indicated diet cards which listed residents' diets were printed at each meal and used by dietary staff to serve residents the appropriate diets. RD-E indicated the appropriate scoop sizes to be used during meal service were contained on menus and recipe cards for the meals and also on residents' meal tickets. RD-E confirmed the following scoop sizes should have been used for the 1/21/25 breakfast meal: Scrambled eggs (regular and mechanical-soft texture) - #16 scoop; Pureed scrambled eggs - #12 scoop; Pureed toast - #20 scoop. RD-E confirmed the use of a #6 scoop for scrambled eggs and a large cooking spoon for pureed scrambled eggs and toast was not appropriate. RD-E indicated RD-E expects residents on carb-controlled diet to receive half-portions of dessert instead of full potions. RD-E confirmed dietary staff were not serving residents according to their diet orders and indicated retraining was needed.